<table>
<thead>
<tr>
<th><strong>PART A: HEALTH</strong></th>
<th><strong>TO BE ASKED OF EACH HOUSEHOLD MEMBER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had any illness during the past 4 weeks?</td>
<td><strong>ASK TO ALL WOMEN 15 TO 49 YEARS OLD</strong></td>
</tr>
<tr>
<td>2. For how many days during the past week did you have a cold, sore throat, or any other illness or injury?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>3. For how many days during the past week did you have a cold, sore throat, or any other illness or injury?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>4. Has a doctor, nurse, physician, or any other health practitioner been consulted for this illness or injury?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>5. Where did the consultation take place?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>6. How many times did you consult this person for this illness or injury?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>7. How long did you have to wait for this consultation?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>8. How many days did you have to wait for this consultation?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>9. How many days have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>10. How many nights have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>11. How many nights have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>12. How many nights have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>13. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>14. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>15. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>16. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>17. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>18. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>19. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>20. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>21. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>22. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
<tr>
<td>23. How much have you spent in a hospital or other establishment during the past 4 weeks?</td>
<td><strong>ASK TO ALL PERSONS UNDER ONE YEAR OF AGE</strong></td>
</tr>
</tbody>
</table>

**NOTES:**
- **SPECIFY:** Specify the nature of the illness or injury.
- **MINUTES:** Specify the duration of the consultation.
- **MILES:** Specify the distance traveled for the consultation.
- **TIME:** Specify the duration of the hospital stay.
- **AMOUNT:** Specify the monetary value of the expenses.
- **NIGHTS:** Specify the number of nights spent in the hospital.
- **MONTHS:** Specify the duration of the hospital stay.
- **NEITHER:** Specify if the person has neither been ill nor consulted.

**INSTRUCTIONS:**
- Ask all women 15 to 49 years old.
- Ask all persons under one year of age.
- Specify the nature of the illness or injury, the duration of the consultation, the distance traveled, the duration of the hospital stay, the monetary value of the expenses, and the number of nights spent in the hospital.
- Specify if the person has neither been ill nor consulted.

**NOTES TO THE INQUISITOR:**
- **ASK TO ALL WOMEN 15 TO 49 YEARS OLD:** Ask all women 15 to 49 years old.
- **ASK TO ALL PERSONS UNDER ONE YEAR OF AGE:** Ask all persons under one year of age.
- **SPECIFY:** Specify the nature of the illness or injury.
- **MINUTES:** Specify the duration of the consultation.
- **MILES:** Specify the distance traveled for the consultation.
- **TIME:** Specify the duration of the hospital stay.
- **AMOUNT:** Specify the monetary value of the expenses.
- **NIGHTS:** Specify the number of nights spent in the hospital.
- **MONTHS:** Specify the duration of the hospital stay.
- **NEITHER:** Specify if the person has neither been ill nor consulted.

**INSTRUCTIONS:**
- Ask all women 15 to 49 years old.
- Ask all persons under one year of age.
- Specify the nature of the illness or injury, the duration of the consultation, the distance traveled, the duration of the hospital stay, the monetary value of the expenses, and the number of nights spent in the hospital.
- Specify if the person has neither been ill nor consulted.

**NOTES TO THE INQUISITOR:**
- **ASK TO ALL WOMEN 15 TO 49 YEARS OLD:** Ask all women 15 to 49 years old.
- **ASK TO ALL PERSONS UNDER ONE YEAR OF AGE:** Ask all persons under one year of age.
- **SPECIFY:** Specify the nature of the illness or injury.
- **MINUTES:** Specify the duration of the consultation.
- **MILES:** Specify the distance traveled for the consultation.
- **TIME:** Specify the duration of the hospital stay.
- **AMOUNT:** Specify the monetary value of the expenses.
- **NIGHTS:** Specify the number of nights spent in the hospital.
- **MONTHS:** Specify the duration of the hospital stay.
- **NEITHER:** Specify if the person has neither been ill nor consulted.
### PART B: EDUCATION - TO BE COMPLETED FOR ALL CHILDREN 3 TO 15 YEARS OLD

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What type of school did [NAME]... attend last academic year?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>TELL: INFANT</td>
<td>Financial</td>
<td>Working</td>
<td>Not pay</td>
<td>No school</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Readiness</td>
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</tr>
<tr>
<td>2</td>
<td>Why did [NAME]... not attend school?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>TELL: Illness</td>
<td>Financial</td>
<td>Working</td>
<td>Not pay</td>
<td>No school</td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grade in left school last year?</td>
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<tr>
<td>4</td>
<td>What grade was [NAME]... in last term?</td>
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<tr>
<td>5</td>
<td>Does [NAME]... intend to return to school?</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes: 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>How many years of primary education has [NAME]... had?</td>
<td></td>
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<tr>
<td>7</td>
<td>How many years of secondary education has [NAME]... had?</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Does [NAME]... get near food at school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

*For instance, [MOTHER], [WIFE]...
### Part D: Daily Expenses

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the previous week, has this household spent money on any of the following items?</td>
</tr>
<tr>
<td>2</td>
<td>How much have you spent for ... during the previous week?</td>
</tr>
</tbody>
</table>

#### Food and beverages consumed away from home
- **YES**
  - 161
- **NO**
  - 120

#### Charcoal
- **YES**
  - 193
- **NO**
  - 120

#### Tobacco
- **YES**
  - 194
- **NO**
  - 120

#### Other fuel for cooking or lighting different than cooking gas and electricity
- **YES**
  - 165
- **NO**
  - 120

#### Personal care: soap, toothbrush, shampoo, mouthwash, deodorant, hair care...
- **YES**
  - 196
- **NO**
  - 120

#### Tobacco products (cigars, cigarettes, chewing tobacco, pipe, etc.)
- **YES**
  - 157
- **NO**
  - 120
**PART E: CONSUMPTION EXPENDITURES**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the past 12 months, has this household spent or received as gift any of the following items?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Have you spent on ... during the last 30 days?</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>How much did you spend on ... during the past 30 days?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Items:**
- Laundry supplies (soap, detergents, bleach, starch, clothes pins, etc.)
- Polishes, waxes, air freshener, insect sprays
- Kitchen supplies (spices, garbage bags, dishwashing liquid, etc.)
- Toilet supplies (toilet paper, cleaner, etc.)
- Other household supplies (trash bags, liquid cleaner, broom, light bulbs, batteries, etc.)
- Home help services (nurse, maid, household chores, etc.)
- Laundry and dry cleaning services
- Rent or equipment (radio, television, etc.)
- Cooking gas
- Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, etc.)
- Furniture, outdoor (lawn chair, barbecue grill, etc.)
- Furnishings (carpets, drapes, sheets, towels, etc.)
- Dinnerware (plates, glasses, knives, forks, spoons, etc.)
- Cooking ware (pots, pans, chilli pots, etc.)
- Other small kitchen equipment (ice box, toaster, water, hot plate, etc.)
- Radios or radios/cassette player
- Other small household equipment (tools, cameras, hair dryer, suitcase, electric iron, fan, etc.)
- Repairs or service work on furniture or household equipment
- Medicines (pills, tonics, drugs, family planning supplies, etc.)
- Medical services/doctor's fees, hospital care, pre or post crinations, spectacles, etc.)
### Part 5: Consumption Expenditures

**Instructions:**
- Put a cross in the appropriate box.
- Ask question 1 first for all items in the list.
- Then ask question 2 to 6 for all items purchased during the past 12 months.

<table>
<thead>
<tr>
<th>1</th>
<th>During the past 12 months, has this household spent or received as gifts any of the following items?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Have you spent on item I during the past 30 days?</td>
</tr>
<tr>
<td>3</td>
<td>How much did you spend on item I during the past 12 months?</td>
</tr>
<tr>
<td>4</td>
<td>How much did you receive any as gift during the past 12 months?</td>
</tr>
<tr>
<td>5</td>
<td>Did you receive any as gift during the past 12 months?</td>
</tr>
<tr>
<td>6</td>
<td>What is the value of all that you received as gift during the past 12 months?</td>
</tr>
</tbody>
</table>

#### Items and Amounts

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Code</th>
<th>Amount 3A</th>
<th>Amount 3B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoes and sandals for adults</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoes and sandals for children</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing materials for adults (wool, linen, cotton, silk, ...</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing materials for children (wool, linen, cotton, silk, ...</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult clothing (coats, dresses, jeans, overcoat, underwear, ...</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children clothing (coats, trousers, shoes, ...</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessories (hats, shoes, belts,</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making and repair of clothes (adult and children)</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchased transportation (bus, train, car rental, air fare, ...</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gasoline, motor oil</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other transportation (fear repairs, tires, parking charges, vehicle and driver license)</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor activities (table, pool, tennis, archery, bowling, ...</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indoor activities (library, theater, dance clubs, records, tapes, ...</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading materials (books, magazines,</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part F: Non-Consumption Expenditures

1. **During the past 12 months, has this household spent on any of the following items?**
   - **Life & Fire Insurance**
   - **Taxes (incl.)**
   - **Weddings, Funerals**
   - **Donations and Gifts (church or union dues, gifts, charities, ....)**
   - **Reimbursement of loans, interest payments**
   - **Maintenance of relatives outside the home**
   - **Other non-consumption expenditures (fiscal varieties, anything else...)**

   **ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.**
   **THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS Indicated DURING THE PAST 12 MONTHS.**

2. **Have you spent on ... during the past 50 days?**
   - **Yes...**
   - **No...**

3. **How much did you spend on ... during the past 50 days?**
   - **AMOUNT**

4. **How much did you spend on ... during the past 12 months?**
   - **AMOUNT**
**Questionnaire on Food Expenses**

For each of the following items, place a **X** in the appropriate box:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Questions and Instructions**

1. **Have you had any egg dishes?**
   - Yes: £2.00
   - No: £0.00

2. **Have you consumed any fish or shellfish?**
   - Yes: £2.00
   - No: £0.00

3. **Have you eaten any gluten-free bread?**
   - Yes: £2.00
   - No: £0.00

4. **Have you consumed any dairy products?**
   - Yes: £2.00
   - No: £0.00

5. **Have you had any fruit or vegetables?**
   - Yes: £2.00
   - No: £0.00

6. **Have you consumed any meat or poultry?**
   - Yes: £2.00
   - No: £0.00

7. **Have you had any coffee or tea?**
   - Yes: £2.00
   - No: £0.00

8. **Have you eaten any snacks or desserts?**
   - Yes: £2.00
   - No: £0.00

9. **Have you had any alcoholic beverages?**
   - Yes: £2.00
   - No: £0.00

10. **Have you consumed any sweets or desserts?**
    - Yes: £2.00
    - No: £0.00

**Total Food Expenses: £**
## Part 6: Food Expenses (End)

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Fruit juices (fresh or frozen)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar and sweets (sugar, honey, sweeteners, jams, jellies)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soups (powdered, canned, frozen, ...)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared foods (sweetened milk, lush puddings, ...)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry packaged foods (macaroni, vermicelli, ...)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powders, flavorings and extracts (baking powder &amp; soda, yeast, vinegar, ...</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sauces and relishes (ketchup, piccalilli, mustard sauce, pickles, ...)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confectionary (sugar, salt, pepper, essences, pepper, curries, spices, cinnamon, spices, ...)</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuts (nuts, cashews, coconut, etc.)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Baked goods (bread, cakes, biscuits, etc.)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other foods (boiled rice, pasta, etc.)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Beverages, drinks (coffee, tea, Ovaltine, etc.)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Part H: Consumption of Home Production and Food Received as Gift</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>---------------------------------------------------------------</td>
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</tbody>
</table>

**1.** During the past 12 months, have you eaten in this household any of the following items that were home-produced or received as a gift?

- Beef, mutton, goat, pork, or other domesticated meat?
- Fish and shellfish?
- Poultry (chicken, duck, turkey, etc.)?
- Milk?
- Butter?
- Cheese?
- Eggs?
- Other vegetables, fruit, nuts, or other food?

**2.** How much would it cost to buy the amount of home-produced or received as a gift?

**3.** How much would it cost to buy the amount of home-produced or received as a gift during the past 7 days?

**4.** How much would it cost to buy the amount of home-produced or received as a gift during the past 30 days?

**Note:** If nothing, enter 0.

**Recommendations:** Use the following criteria for determining what is and is not included in the household.

- Include fruits, vegetables, meat, fish, poultry, eggs, dairy products, and other food items.
- Exclude non-food items such as clothing, furniture, and electronics.

**Examples:**

- Potatoes (sweet, Irish)
- Other roots and tubers (sweet potatoes, cassava, yam)
- Other starchy foods (cornmeal, flour, breadfruit)
- Vegetables (tomatoes, carrots, lettuce)
- Fruit (apples, bananas, oranges, pineapples)
- Sugar cane
- Nuts (peanuts, cashew, pecan)
- Other food

**Additional Notes:**

- If you received home-produced items as a gift, include them in your calculations.
- If you purchased home-produced items, do not include them in your calculations.

**Instructions:**

- Put a cross in the appropriate box.
- Ask question 1 first for all items in the list.
- Then ask questions 2 to 4 for all foods consumed during the past 12 months.
- If nothing, enter 0.

**AMOUNT:**

- Enter the amount consumed during the past 7 days.
- Enter the amount consumed during the past 30 days.
- Enter 0 if nothing consumed.

---

*Note:* The table structure and data are presented as accurately as possible based on the provided image.
### Part I: Housing - Other Household Income

**1. Type of Dwelling**
- Single house
- Semi-detached
- Apartment building
- Town house
- Row house
- Other

**2. Material of Outer Walls**
- Wood
- Stone
- Brick or concrete
- Block or tile
- Masonry
- Other

**3. Are the toilet facilities used only by your household, or do other households use them?**
- Exclusive use
- Shared
- None

**4. Is the kitchen used only by your household, or do other households use the same kitchen?**
- Exclusive use
- Shared
- None

**5. Size of Dwelling (in sq. feet)**
- One-room
- Living/Dining
- Multi-purpose
- Study
- Recreation
- Other

**6. Does this dwelling belong to a member of the household?**
- Yes
- No

**7. Is this dwelling rented in exchange for goods, services or money?**
- Yes
- No

**8. From whom is the dwelling rented? Is it from a relative, a public agency, or from a private individual or agency?**
- Relative
- Public agency
- Private individual or agency

**9. How much money does your household pay in rent for this dwelling?**
- If no money payment, enter zero

**10. Did you have to pay materials or energy in order to repair this dwelling during the past 12 months?**
- Yes
- No

**11. Did you pay property taxes for this dwelling?**
- Yes
- No

**12. How much was your last property tax?**

**13. How often do you make these payments?**
- Number of times
- Per
- Month

**14. How much does your household pay in interest on money borrowed to purchase this dwelling?**
- Amount
- Per
- Month

**15. Did you have to pay interest on any debt related to this dwelling?**
- Yes
- No

**16. How much did you pay interest on this debt?**

**17. How much did you pay for materials or energy in order to repair this dwelling during the past 12 months?**
- Amount
- Per
- Month

**18. What is the main source of water for your household?**
- Ground water
- Surface water
- Well
- Other

**19. Do you pay mortgage payments on this dwelling?**
- Yes
- No

**20. How much was your last mortgage payment?**

**21. What amount of time was covered by this bill?**
- Amount
- Per
- Month

**22. Is this your only source of income used by your household, or is it shared with others?**
- Yes
- No

**23. How much is the monthly value of these pensions?**
- Amount
- Per
- Month

**24. Do you have electricity in this dwelling?**
- Yes
- No

**25. How much was the last electric bill for your household?**

**26. How much was the last gas bill for your household?**

**27. Does somebody in the household have a PhD?**
- Yes
- No

**28. How much do you receive in these respects?**
- Amount
- Per
- Month

**29. Does somebody in this household receive pension payments?**
- Yes
- No

**30. What is the monthly value of these pensions?**
- Amount
- Per
- Month

**31. Does somebody in this household receive money or services for rental of land, property, etc.?**
- Yes
- No

**32. How much, on the average, do you receive for these rentals?**
- Amount
- Per
- Month

**33. Does somebody in this household receive interest on stocks, or an annuity, or leave money or shares of stock to another?**
- Yes
- No

**34. How much, on the average, do you receive for these interests?**
- Amount
- Per
- Month

**35. Does somebody in this household receive interest on bonds, or an annuity, or leave money or shares of stock to another?**
- Yes
- No

**36. How much did you receive in these respects last year?**
- Amount
- Per
- Month

**37. Does somebody in this household receive money or services for rental of land, property, etc.?**
- Yes
- No

**38. How much, on the average, do you receive for these rentals?**
- Amount
- Per
- Month

**39. Does somebody in this household receive money or services for rental of land, property, etc.?**
- Yes
- No

**40. How much, on the average, do you receive for these rentals?**
- Amount
- Per
- Month
**PART J: INVENTORY OF DURABLE GOODS**

**INSTRUCTIONS:** FOR EACH TYPE OF GOOD IN THE LIST BELOW, ASK:
Do you own any ... (TYPE OF GOOD)... in this household?
PUT A CROSS IN THE APPROPRIATE BOX FOR EACH TYPE OF GOOD.

<table>
<thead>
<tr>
<th>TYPE OF GOOD</th>
<th>CODE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewing machines</td>
<td>601</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas Stoves</td>
<td>602</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerators</td>
<td>603</td>
<td></td>
<td></td>
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<tr>
<td>Air Conditioners</td>
<td>604</td>
<td></td>
<td></td>
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<tr>
<td>Fans</td>
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<td>Radios</td>
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<tr>
<td>Radio/Cassette Players</td>
<td>607</td>
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<tr>
<td>Phonographs</td>
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<tr>
<td>Stereo Equipment</td>
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<tr>
<td>TV Sets</td>
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<td>Video cassette recorder</td>
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<td>Satellite dish</td>
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<td>Bicycles</td>
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<tr>
<td>Motorcycles</td>
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<tr>
<td>Cars, or other vehicles</td>
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</table>
**HOUSEHOLD FOLDER FOR ROUND 2**

**IN THE PARISH OFFICE:**
Copy below the name, sex code and age of each person in the “HUSBAND WIFE & SPOUSE” column.

**IN THE HOUSEHOLD:**
For each person in the household, indicate if they are still a member of the household. Enter "1" or "2" in this column accordingly.

Add any new members to the household. Enter "3" in this column for these new members.

<table>
<thead>
<tr>
<th>INDIvidual No.</th>
<th>NAME</th>
<th>SEX</th>
<th>AGE</th>
<th>HOUSEHOLD MEMBER</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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